

Day of Registration Form

*Information is required

Please register me as:

Team Captain Member of an existing team – Team Name: _____

Individual - Name: _____

Walk Location: _____

*Email: _____ Phone: _____

Address: _____

*City: _____ State: _____ Zip: _____

What is your connection to Spina Bifida?

I am living with Spina Bifida Family member or friend with Spina Bifida

I am a professional working with Spina Bifida Other _____

The waiver below must be signed to register.

The undersigned agrees to indemnify and hold harmless the Spina Bifida Association all costs expense, and liability arising out of my or my child's participation in this event to benefit the Spina Bifida Association. I do hereby waive all claims for damage or loss to me or my child's person or property which may be caused by an act, by (Spina Bifida Association), its officers, agents or employers arising directly or indirectly from my or my child's participation in this event.

I grant full permission for (Spina Bifida Association) to use photos, videos, film or any other record of this event in which I may appear for a legitimate purpose. Participants under 18 must have this form signed by a parent or guardian.

Signature: _____

Signature of Participant (Parent/Guardian if under 18) : _____

Print Name: _____



SPINA BIFIDA ASSOCIATION
OF NEW YORK STATE